## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9400036885 (9)

LEVINE	FRAYE	R &	CARLSON, INC	•		9) 	and the former						
Principal Place of Business					Mailing Address								
1800 SECOND ST.					1900 SECOND ST.					ļ			
SUITE 725 SARASOTA FL 34236				SUITE 725 SARASOTA FL 34236						DO NOT WRITE IN THIS SPACE			
US					US					3. Date Incorporated or Qualified			
										05/12/1994			
2. Principal F	lace of Busin	ness		2a. Mailing Address						4. FEI Number	A	pplied For	
21					26					65-0489532	N.	lot Applicable	
Suite, Apt.	#, etc.				Suite, Apt. #, etc.					5. Certificate of Status Desired		Additional	
22					27							Required	
City & Stat	le			26	City & State					6. Election Campaign Financing Trust Fund Contribution		May Be I to Fees	
Zip	Country				Zip			Country		8. This corporation owes or has paid the cu		·	
24	4 25				29 30							No	
9. Name and Address of Current Registered Agent								Name		10. Name and Address of New Registered	Agent	<del></del>	
CARLSON, RICHARD A							81	мате	!				
5811 VANDERIPE RD								Street	Addre	Address (P.O. Box Number is Not Acceptable)			
SARASOTA FL 34241							83			· · · · · · · · · · · · · · · · · · ·			
							84	City		FL	<b>85</b> Zip	Code	
11. Pursuant	to the provis	ions	of Sections 607.0502	and 6	07.1508. Florida Sta	atutes.	the above	-named	corpo	pration submits this statement for the purpose of	f changing	its registered	
office or i	regi <b>ste</b> red ag	jont (	or both, in the Stale c	f Horid	da. Such change wat f. Section 607 0505	as auti Florid	horized by	the cor	poratio	oration submits this statement for the purpose con's board of directors. I hereby accept the app	xointment a	s registered	
l	iris iquimica ev	IUI, <b>c</b> ai	io accept the obligat	10113 0	i, decilar <b>6</b> 07. <b>05</b> 00,	, 1 10110	a blattic						
SIGNATURE	Signature, typed	los basi	ted name of registered agent	and title	d applicable (I	NOTE B	legistered Age	nt signature	e required	d when reinstating) DATE			
12.			OFFICERS AND	DIREC			13.			ADDITIONS/CHANGES TO OFFICERS AN			
TITLE	D				☐ DELETE		1.1 TITLE		ļ		L Change	Addition .	
NAME			VRENCE T				1.2 NAME					*	
STREET ADDRESS 1859 STONEY POINT RD CHARLOTTESVILLE PA 22911								1.3 STREET ADDRESS					
CITY-ST-ZIP	CHAHLO	λιίέ	SVILLE PA 22911		DELETE		1.4 CITY-S	T - ZIP	ļ		Change	Addition	
TITLE	CADLO	381 f	NOUADO A				2.1 TITLE		1		[] Unange	LT MODITION	
NAME OTDEST ADDRESS			RICHARD A			i	22 NAME	4000ccc					
STREET ADDRESS	61516651 FL 61611							2.3 STREET ADDRESS 2. 4 CITY - ST - ZIP				i	
CITY-ST-ZIP TITLE	D	/!/	L 01211		DELETE		3.1 TITLE	21 - TIL	$\dagger$		Change	Addition	
NAME	1 -	RD. I	ROBERT B		7~		3.2 NAME		1				
STREET ADDRESS			STREET CIRCLE E.				3.3 STREET	ADDRESS					
CITY-ST-ZIP	t .		I FL 34203			1	3.4. CITY - 5		1				
TITLE			<del></del>		☐ DELETE		4.1 TITLE		Dia	Person	Change	Addition	
NAME							4. 2 NAME		CA	PECTOR HRISTA LE ROUX BII VANDERIPE RD HRASOTA-R 3424/			
STREET ADDRESS							4.3 STREET	ADDRESS	5	BII VANDERIPE RO			
CITY-ST-ZIP							4.4 CITY-S	T-ZiP	SA	HRASOMA R 34241			
TITLE					☐ DELETE		5.1 TITLE			-	Change	Addition	
NAME							5.2 NAME						
STREET ADDRESS	]						5.3 STREET	ADDRES\$				]	
CITY-ST-ZIP	<b></b>				7 1 a.e. 200		5.4 CITY - S	T-ZIP	<del> </del>		——————————————————————————————————————		
TITLE					DELETE		6.1 TITLE				Change	Addition	
NAME							6.2 NAME						
STREET ADDRESS							6.3 STREET ADDRESS						
CITY - ST - 7IP	l						64 CITY-S	T- 71P	1				

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

CICNATURE

MAL

4/15/98 941-366-4647

**FILED** 

May 19 1998 8:00am

Secretary of State